

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941

November 12, 1998



TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors

Letter No.: 98-52

CUSTODIAL PARENTS TO APPLY FOR THE HEALTHY FAMILIES PROGRAM

The purpose of this letter is to inform county welfare departments that county district attorneys will be informing and referring potentially eligible Custodial Parents (i.e., families with income between 100 percent and 200 percent of federal poverty level and ineligible for no-cost Medi-Cal) to apply for Healthy Families (HF) health insurance coverage for their children. HF can provide interim health insurance coverage for the children until a Health Insurance Coverage Assignment (HICA) can be enforced on the absent parent. If no private insurance is available at reasonable or no cost, then no HICA can be enforced, and the children may remain on HF health insurance as long as they are eligible.

County District Attorney Offices will be sent information on HF, and will receive specific instruction at the quarterly training conferences sponsored by the California Family Support Council. A Family Support Division Information Letter prepared by the Office of Child Support, Department of Social Services, will be mailed to all county Family Support offices. (A copy of FSDIN No. I-57-98 is enclosed.) An errata to this FSDIN letter will be sent shortly to all Family Support offices which will correct the highlighted instruction in the first paragraph that health insurance coverage under HF is for those who do not qualify for Medi-Cal and are unable to obtain coverage through their parents. The corrected statement is, "... do not qualify for no-cost Medi-Cal" The reason for this correction is because if a family qualifies for Medi-Cal with a share of cost, they are eligible for HF. If no share of cost, they are not. The purpose of HF is to cover those within a specific income level who would benefit from this low-cost health insurance coverage.

HF information will also be sent to all county welfare departments in an All County Letter regarding information for counties about HF and Medi-Cal Eligibility Data System (MEDS) Other Health Coverage (OHC) logic changes. The goal of the District Attorney is to seek private health insurance coverage for children on Medi-Cal from a third party such as the absent parent. Therefore, for medical support enforcement HF is not third party coverage because it is a publicly funded program. But for purposes of data systems identification and tracking of HF children, the children will be identified in the other coverage field with a 9 or in a new secondary aid code of 9H which was made available in mid-August 1998 for identification of children enrolled in the HF program. Information about children eligible to receive HF coverage will appear on the INQ1 or the INQ2 screens for Special Program Information (See Enclosures). This information is shown on MEDS as follows:

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
Page 2

INQM = Other coverage = 9
Healthy Families Aid Code 9H (if no other Medi-Cal aid code eligibility)

OR

INQI = Healthy Families Aid Code 9H (if no other Medi-Cal Special Program aid code eligibility), or

INQ2 = Healthy Families Aid Code = 9H

If you have any questions, please contact Ms. Elena Lara of my staff at (916) 657-0712.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosures

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



October 21, 1998

FSDIN No. I-57-98

TO: ALL IV-D DIRECTORS
ALL DISTRICT ATTORNEYS

Reason for this Transmittal

- ☐ State Law or Regulation Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Change
- ☐ Clarification requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: HEALTHY FAMILIES INSURANCE COVERAGE FOR CHILDREN

As most of you are aware, the **Healthy Families** insurance program started enrolling children in July of this year. We are pleased to have a program that **offers health insurance for children who do not qualify for Medi-Cal and who are unable to obtain coverage through their parents.** Some of you have called with questions about the program and how to treat it within the context of our existing medical support enforcement practices. We hope that the information contained here will help you in terms of identifying potential eligible children and supplying the necessary information to their parents.

County FSD offices were sent some information from Richard Heath and Associated (RHA) in June of this year inviting them to have staff participate in training to become certified application assistants. We realize that some counties may have already sent staff to the training; however, our recommendation would be for county FSDs to refer interested parents to the nearest application assistance location. If county staff were to become involved in the application assistance process, time studies would need to be conducted in order for them to collect the \$25 assistance compensation from RHA. The time spent would not qualify for the 66 percent federal financial participation. While becoming an application assistant carries administrative and financial burdens which your office may not wish to become involved in, the training offered by RHA can still be beneficial to IV-D workers. RHA will continue to conduct training sessions for interested parties to learn more about Healthy Families and you are encouraged to participate in the training. You can also contact RHA directly at 1-800-880-5305 and arrange for onsite training for your staff.

Caseworkers should treat Healthy Families as an interim solution and continue to pursue private health insurance should it become available. Enrollment in Healthy Families does not qualify as third party coverage and, therefore, would not be eligible for the \$50 incentive. Healthy Families is subsidized primarily by the federal government and is intended to cover children of the working poor who may not have access to employer sponsored insurance or whose employer sponsored insurance is cost prohibitive.

The information contained in this packet will give you an overview of the Healthy Families program. A list of local application assistance centers is included so that you can refer parents of eligible children. (Due to frequent additions to the list, it will soon be accessible on the Healthy Families website at <http://www.healthyfamilies.ca.gov>). If you need additional promotional materials or applications, they can be obtained through RHA by calling 1-800-880-5305. Even with limited resources and funding restrictions, there are a number of activities that local IV-D agencies can engage in which do not involve a great deal of effort or cost and can easily be incorporated into what you already do. We have included a list of appropriate ways for IV-D agencies to help promote Healthy Families. (See Insert # 1).

Although exact figures are not available, it is anticipated that many of the children in the IV-D caseload qualify for coverage under the Healthy Families program. We strongly encourage you and your staff to learn all you can about Healthy Families so we can participate in making sure that all of California's children have health insurance coverage. If you have any questions, feel free to contact Kathleen McPherson at (916) 654-1563.

Sincerely,

ORIGINAL SIGNED BY

Leslie L. Fryer, Chief
Office of Child Support

Attachment

**SIX WAYS IN WHICH IV-D AGENCIES CAN HELP "GET THE WORD OUT"
ABOUT HEALTHY FAMILIES:**

1. Display Healthy Families posters and make available Healthy Families fact sheets, applications, and lists of local certified application assistants in your office's reception area for customers to pick-up.
2. Give IV-D case workers/interviewers a supply of Healthy Families fact sheets and applications to hand out to customers they feel may meet the eligibility criteria and could benefit from the program.
3. Include Healthy Families fact sheets and brochures in Non-Public Assistance IV-D Application packages.
4. Include Healthy Families fact sheets and brochures in Continuation of IV-D Services notices that are mailed out to families who are no longer receiving public assistance.
5. Include Healthy Families fact sheets and brochures in monthly billing notices to non-custodial parents (either parent can apply for their child).
6. Include information on Healthy Families in your local outreach activities, in your local informational and training videos, etc.



CHILD SUPPORT AND HEALTHY FAMILIES

HELPING YOU HELP CHILDREN

INCLUDED HERE:

INFORMATION AND MATERIALS DESCRIBING THE HEALTHY FAMILIES INSURANCE PROGRAM FOR CHILDREN TO ASSIST YOU IN GETTING CHILDREN THE HEALTH CARE COVERAGE THEY NEED WHEN PRIVATE HEALTH INSURANCE IS NOT AVAILABLE.

- READY REFERENCE MATERIALS TO HELP YOU DETERMINE ELIGIBILITY
- FACT SHEETS
- LOCAL PHONE NUMBERS AND ADDRESSES FOR CERTIFIED APPLICATION ASSISTANCE CENTERS
- PROMOTIONAL STAND WITH TEAR-OFF SHEETS
- CAMERA READY FLYER
- SAMPLE HANDBOOK AND APPLICATION
- ORDER FORMS FOR ADDITIONAL MATERIALS

INQM

** PRIMARY MEDI-CAL/CMSP INFORMATION **

ENCLOSURES
HSX - 09/23/98

CASE-NAME
 COUNTY-ID 37-9H- - - DISTRICT OWENS , RYAN
 MEDS-ID 600-36-8462 SSN-VER 7 EW-CODE
 BIRTHDATE 04-10-1987 SEX M REDETERM-MO 8743 LAMAR ST
 CHAINED-ID LAST-MC/CP-CHG SPRING VALLEY CA 91977
 PRIOR-MEDS-ID LAST-OTH-CHG 08-20-98 ADDRESS-FLAG RECOVERY
 WELFARE-PGM 001 DEATH-DT DEATH-CD APDP-IND PICKLE
 CIN 90000213D 5 HIC-NO BIC-ISSUE TERM-DT TERM-REAS
 PGM-ELIG: MC/CP SP1 (HFAMILY) C H SP2 PAPER-ISSUE FS AFDC
 1998===== > 1997===== >
 COUNTY 09-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
 AID-CODE 37 00 00 00 00 00 00 00 00 00 00 00 00
 ELIG-STAT 9H
 ELIG-STAT 999
 SOC-AMT
 CERT-DAY
 OHC 9 9 9
 RESTRICT
 MEDICARE
 HCP1-NUM
 HCP1-STAT
 OPTION ____ < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN

INQ1

** SPECIAL PROGRAM 1 INFORMATION **

HSX - 09/23/98

ASE-NAME
 COUNTY-ID 37-9H-9900002-1-3D DISTRICT OWENS , RYAN
 EDS-ID 600-36-8462 SSN-VER 7 REDETERM-MO 8743 LAMAR ST
 BIRTHDATE 04-10-1987 SEX M GOVT-RESP 6 SPRING VALLEY CA 91977
 MAINTAINED-ID LAST-MC/CP-CHG ADDRESS-FLAG RECOVERY
 PRIOR-MEDS-ID LAST-OTH-CHG 08-20-98 HIC-NO PICKLE
 ELFARE-PGM 001 DEATH-DT DEATH-CD TERM-DT TERM-REAS
 A-DL/ID-NO CLIENT-INDEX-NO 90000213D 5
 BGM-ELIG: MC/CP SP1 (HFAMILY) C H SP2 FS AFDC
 1998===== > 1997===== >
 09-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
 COUNTY 37 37 37
 ID-CODE 9H 9H 9H
 ELIG-STAT 691 652 691
 OC-AMT
 ERT-DAY
 IC 9 9 9
 ESTRUCT
 EDICARE
 P1-NUM
 P1-STAT
 ACTION ____ < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN

INQ2

** SPECIAL PROGRAM 2 INFORMATION **

HSX - 09/23/98

CASE-NAME DISTRICT OWENS , RYAN
COUNTY-ID EW-CODE
MEDS-ID 600-36-8462 SSN-VER 7 REDETERM-MO 8743 LAMAR ST
BIRTHDATE 04-10-1987 SEX M GOVT-RESP 6 SPRING VALLEY CA 91977
CHAINED-ID LAST-MC/CP-CHG ADDRESS-FLAG RECOVERY
PRIOR-MEDS-ID LAST-OTH-CHG 08-20-98 HIC-NO PICKLE
WELFARE-PGM 001 DEATH-DT DEATH-CD TERM-DT TERM-REAS
CA-DL/ID-NO CLIENT-INDEX-NO 90000213D 5
PGM-ELIG: MC/CP SP1 (HFAMILY) C H SP2 FS AFDC
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09-98 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

COUNTY
AID-CODE
ELIG-STAT
SOC-AMT
CERT-DAY
OHC 9
RESTRICT
MEDICARE
HCP1-NUM
HCP1-STAT

OPTION ____ < PRESS PF13 FOR LIST OF VALID OPTIONS > * PRESS ENTER KEY TO RETURN